## **Host Family/Student Application**

For additional questions & submittal information, please contact: Leslie Stobbe, (408) 586-3352 lesliestobbe@ci.milpitas.ca.gov



<b>Application Type:</b>				
Host Family Only Ap	Host	Host Family + Student Exchange Application		
Preferences:				Today's Date:
Number of Students	1 or 2	Male	Female	
	<u>To be fille</u>	ed out by all Ap	plicants:	
<b>Host Family Information:</b>				
Student's Last Name		Student's l	First Name	
	Student's Current Grade/Class			
				onship to Student
				Milpitas, CA 95035
				Cell
E-Mail				
Additional People* Living	; in Household:	Milpitas	, CA 95035 P.	hone
			_	tudent
			_	tudent
			_	tudent
Household Pets				
*Please attach separate pa	ige to list all peopl	le living in the l	nousehold, incl	luding birth dates.
	be filled out by E Programs have yo			Only: ?
Does the student have alle If "yes" to what?	_			
Does the applicant have at trip?	ny conditions that	require special	accommodati	ions to participate in this

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With this application, you agree to:

- Provide a safe home stay and include Spirit Week activities at Milpitas High School (MHS).
- Provide meals, except lunches during the week which are provided by MHS.
- Provide individual sleeping arrangements for the student(s) bed, futon, air mattress in a private area of your home or shared bedroom with your child.
- Be responsible for ensuring that visiting students have safe transportation to and from MHS, or walking to and from school with your child, that includes arrival at MHS by 7:50AM during the school week. Students may be picked up from school at a pre-arranged time. Hosts will receive an emailed schedule and must be flexible with the pick-up times during the week due to varying school schedules and events.
- Provide safe transportation to City of Milpitas and MHS events including: Milpitas City Hall (if specified in the itinerary), the MHS for Homecoming Game on Friday, and Dance on Saturday.

Host family adults will receive an emailed itinerary and a contact list of all host families from the City of Milpitas.

With adult supervision, students may meet each other during the week and go to the Great Mall and other local points of interest.

## To be filled out by Applicant's parent or legal guardian:

\_\_\_\_\_ declare that I am the parent/guardian of

1, the undersigned do here	eby agree to allow the
individual named herein to participate in the aforementioned activity	and I further agree to
indemnify and hold the City of Milpitas, Milpitas Unified School Dist	rict and Milpitas Sister Cities
Commissioners harmless from and against any and all liability for in	jury which may be suffered by
the aforementioned individual arising out of or in any way connected	with his/her participation in
this activity. I agree to allow the Milpitas Unified School District peri	mission to release any and/or all
school records pertinent to this trip, to Milpitas Sister Cities Commis	sioners and Liaisons. I also
agree as a participant in this program to grant full permission to the	City of Milpitas and the
Milpitas Unified School District to use my child's name and image in	any photographs, videos,
motion pictures and recording for any promotion purposes without o	bligation or liability to me. I
verify that all of the above information is true and accurate.	
Parent/Guardian Signature	
Print Name(s)	Date